



Department of Health and Social Services  
Division of Public Assistance  
Family Nutrition Programs  
Alaska WIC Program  
(907) 465-3100



## WIC Food Exemption Request Form

Store Name: \_\_\_\_\_

WIC Vendor Number: \_\_\_\_\_

I am requesting exemption(s) from stocking the WIC food items(s), below because of:

**Limited number of clients using these foods at present OR "sell by/used by" date limitations**

☐ **fresh milk** \* If approved, vendors must stock a total of 144 quarts of UHT milk

reason: \_\_\_\_\_

☐ **infant cereal, formula, fruits and vegetables, and meats**

*\*cannot select individual food items*

reason: \_\_\_\_\_

☐ **lactose free or reduced milk**

reason: \_\_\_\_\_

☐ **soy beverage**

reason: \_\_\_\_\_

☐ **tofu**

reason: \_\_\_\_\_

**Local Agency Use:**

☐ Approved  
☐ Disapproved

☐ Approved  
☐ Disapproved

☐ Approved  
☐ Disapproved

☐ Approved  
☐ Disapproved

☐ Approved  
☐ Disapproved

I will make the item(s) available at my store within ten (10) days of notification by the Local WIC agency staff that the item(s) are needed. It is my responsibility to communicate directly with the Local WIC agency concerning the availability of exempted items once a need has been identified. If the item(s) will not be available due to unforeseen reasons, I will notify the local WIC agency within 48 hours so that clients can be placed on the mail-out system.

I understand that the State agency may require that I submit invoices or purchase orders from my supplier(s) to document that the items requested were ordered within the specified time period, in the quantity required.

\_\_\_\_\_  
Signature of Store Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Store Manager Name

\_\_\_\_\_  
Signature of Local Agency Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local Agency Staff Name

☐ **VENDOR: Submit this form to your Local WIC agency/clinic to obtain the signature of the WIC Coordinator**

☐ **WIC COORDINATOR: Send a signed copy of this request to the State agency within 15 days of receipt**

State Agency Staff Use Only    ☐ Approved    ☐ Disapproved